



Effective on 12/08/04  
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**1810.00**

### Complete if Known

Application Number	09/886,771
Filing Date	June 21, 2001
First Named Inventor	Paul S. Bradley
Examiner Name	Zicht, Patricia C.
Art Unit	2164
Attorney Docket No.	MS 163193.01
Express Mail Label No.	N/A

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** 31 - 31 or HP = 0 **Extra Claims** 0 **Fee (\$)** 50 **Fee Paid (\$)** 0.00  
HP = highest number of total claims paid for, if greater than 20  
**Indep. Claims** 4 - 4 or HP = 0 **Extra Claims** 0 **Fee (\$)** 200 **Fee Paid (\$)** 0.00  
HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**  
**Fee (\$)** 0 **Fee Paid (\$)** 0

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** -100 = 0 **Extra Sheets** / 50 = 0 **Number of each additional 50 or fraction thereof** x 250 **Fee (\$)** = 0 **Fee Paid (\$)**

#### 4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	Fees Paid (\$)
Other: Request for Continued Examination/Extension of Time Request		0
		1810

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <b>47,648</b>	Telephone <b>(425) 707-3913</b>
Name (Print/Type)	<b>Paul B. Heynseens</b>	Date	